



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Hiroshi AOKI et al.

Title:

PASSENGER DISCRIMINATING

**APPARATUS** 

Appl. No.:

Unknown

Filing Date:

Herewith

Examiner:

Unknown

Art Unit:

Unknown

## UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Hiroshi AOKI Tadayuki ATO

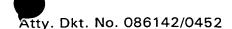
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L	1	Applicant	Claims	Siliali	entity	Status	under	3/	CITA	1.21	٠.

## Enclosed are:

- [X] Specification, Claim(s), and Abstract (13 pages).
- [X] Informal drawings (2 sheets, Figures 1-2).
- [X] Unexecuted Declaration and Power of Attorney (4 pages).
- [ ] Assignment of the invention to TAKATA CORPORATION.
- [ ] Assignment Recordation Cover Sheet.
- [ ] Small Entity Statement.







- Request for application not to be published with certification under 35 [ ] USC 122(b)(2)(B)(i).
- [ ] Information Disclosure Statement.
- Form PTO-1449 with copies of listed reference(s). [ ]
- [ ] Application Data Sheet (37 CFR 1.76).

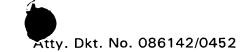
## The filing fee is calculated below:

	Claims		ncluded in		Extra		_		Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	10	-	20	=	0	×	\$18.00	=	\$0.00
Independents:	3		3	= .	0	×	\$80.00	= [	\$0.00
If any Multiple D	f any Multiple Dependent Claim(s) present: + \$270.00								\$0.00
Surcharge under Declaration and			Executed	+	\$130.00	= [	\$130.00		
							SUBTOTAL:	= _	\$840.00
[ ]	Small Entity Fees Apply (subtract ½ of above):								\$0.00
	TOTAL FILING FEE:								\$840.00

- [ ] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [ X ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.







Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2/8/2001

Ad noss

**FOLEY & LARDNER** Washington Harbour 3000 K Street, N.W., Suite 500 Washington, D.C. 20007-5109 Telephone: (202) 672-5490

Facsimile:

(202) 672-5300

Michael D. Kaminski

Reg. No. 32,904

Howard N. Shipley Reg. No. 39,370

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